



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8401

SERIAL NUMBER 10/784,628	FILING OR 371(c) DATE 02/23/2004 RULE	CLASS 606	GROUP ART UNIT 3733	ATTORNEY DOCKET NO. SPINE 3.0-437 PPPPPPCIV
------------------------------------	---	---------------------	-------------------------------	--

APPLICANTS
 Joseph P. Errico, Kirkland, WA;
 Michael W. Dudasik, Nutley, NJ;
 Rafail Zubok, Midland Park, NJ;

**** CONTINUING DATA *******
 This application is a CON of 10/282,356 10/29/2002 PAT 7,169,182
 which is a CON of 10/256,160 09/26/2002 PAT 6,989,032
 which is a CON of 10/175,417 06/19/2002 PAT 7,563,285
 which is a CON of 10/151,280 05/20/2002 PAT 7,604,664
 which is a CON of 09/970,479 10/04/2001 PAT 6,669,730
 and is a CON of 10/140,153 05/07/2002 ABN
 and said 09/970,479 10/04/2001
 is a CON of 09/968,046 10/01/2001 ABN
 and said 10/140,153 05/07/2002
 is a CON of 09/970,479 10/04/2001 PAT 6,669,730
 and is a CON of 10/128,619 04/23/2002 PAT 6,863,689
 which is a CON of 09/906,119 07/16/2001 PAT 6,607,559
 and is a CON of 09/982,148 10/18/2001 PAT 6,673,113

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** **** SMALL ENTITY ****
 05/18/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____	STATE OR COUNTRY WA	SHEETS DRAWING 18	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 2
--	-------------------------------	-----------------------------	---------------------------	--------------------------------

ADDRESS
51640

TITLE
INSTRUMENTATION FOR INSERTING AND IMPACTING AN ARTIFICIAL INTERVERTEBRAL DISC IN AN INTERVERTEBRAL SPACE

FILING FEE RECEIVED 685	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------------	---	---